## **Individual Reading Improvement Plan**



Student:				
Grade:				
LB 651 Reading Assessment Used:				
Date:				
Educational Team Members:				
Parent/Guardian:				
Date of Contact:				
Method of Contact:				
Identify and Analyze the Area of Concern				
Target Area(s):				
☐ Phonemic Awareness ☐ Phonics ☐ Fluency ☐ Vocabulary ☐ Comprehension				
Additional Diagnostic Assessment Used:				
Define Target Skill(s) identified by				
Diagnostic Data:				
Targeted Skill for Improvement				
Plan:				
Student Strengths:				

## Develop & Implement a Plan

What will we do and how will we do it? How will we know if it is working? When will the team review the plan?

Goal:	will score			
as measured by				
Date implemented				
Baseline Data:				
Reading Improvement Plan				
Evidence-Based	Frequency/Duration	Progress Monitoring	Person(s)	
Intervention		Tool and Timeline of	responsible	
		Data Collection		
Comments:				
Team will review the plan: (time frame)				
reall will review the plant (time frame)				

## Reflect & Review Progress: Checkpoint #1

## Has the plan been effective? How do we know? What happens next? Date reviewed/adjusted \_\_\_\_\_ Goal: **Evidence Based Progress Intervention Used** ☐ Student meets Goal, no longer identified for additional support ☐ Progress made, student does not meet Goal - continue intervention ☐ Progress not made, student does not meet Goal - adjust intervention **Evidence of Progress Data** Evidence-Based Frequency Progress Monitoring Tool Person(s) /Duration and Timeline of Data Intervention responsible (Adjust or continue) Collection **Comments:** Team will review the plan: (time frames)

(Duplicate as needed for additional checkpoints)